

1983

MEDICARE and You



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WHAT
IS
"MEDICARE"
?



It's a broad program of Federal health insurance for people age 65 or over, and for many disabled people, established by Congress in 1965 via Social Security amendments.

WHY
IS IT
IMPORTANT
?

Because it helps these people pay hospital and doctor's bills, thus insuring the best possible health care in their old age or when they are disabled and can't work.

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This medicare program is in

2 PARTS--

A. BASIC HOSPITAL INSURANCE

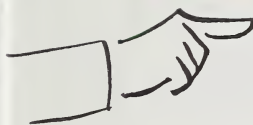


See pages
4 to 7

This coverage is
available to nearly
EVERYONE
65 or over and to many
disabled people
under 65.



B. VOLUNTARY MEDICAL INSURANCE



See pages
8 to 11

You
TAKE it
if you
WANT it!



A. BASIC HOSPITAL INSURANCE



Medicare only covers care that is "reasonable and necessary" for the treatment of an illness or injury. A Peer Review Organization or a Utilization Review Committee in each hospital or skilled nursing facility helps Medicare determine if inpatient care is "reasonable and necessary."

What it **COVERS** and **PAYS**:

HOSPITAL CARE up to **90 DAYS PER BENEFIT PERIOD.***

There is no limit to the number of 90-day benefit periods you can have.

1st 60 DAYS -- insurance pays all covered costs except for first **\$304.****

Next 30 DAYS -- insurance pays all covered costs beyond **\$76**** a day.

PLUS 60 ADDITIONAL DAYS RESERVE --

insurance pays all covered costs beyond **\$152**** a day.

(Once used, the 60 reserve hospital days cannot be replaced.)

There is a lifetime limit of 190 days on payments for treatment in mental hospitals.

SKILLED NURSING or rehabilitative care in a Skilled Nursing Facility (certified by Medicare) -- **UP TO 100 DAYS PER BENEFIT PERIOD**



after a hospital stay of at least 3 days, if you enter the skilled nursing facility within a limited period (generally 30 days) after leaving the hospital, provided that you need and receive daily skilled nursing care or rehabilitation services.

1st 20 DAYS -- insurance pays all covered costs.

Next 80 DAYS -- insurance pays all covered costs beyond **\$38**** a day.

HOME HEALTH CARE by nurses, therapists and home health aides from an approved home health agency -- **UNLIMITED VISITS.**



If special conditions are met (check with home health agency) insurance pays full approved cost of visiting nurses, physical therapists and other health workers (but not doctors).

*A "BENEFIT PERIOD" begins when you enter hospital and ends when you have been out of hospital or skilled nursing facility for 60 consecutive days. You are held responsible for the first \$304** only once in any benefit period, regardless of the number of times you enter and leave a hospital.

** through 12/31/83

A. BASIC HOSPITAL INSURANCE (cont.)

HOW MUCH DOES IT COST?

You and your employer each contribute to a special "Hospital Insurance Trust Fund" to pay for this program. Employer will deduct your share and match it, for example

YEARS	WAGES SUBJECT to TAXATION up to	% DEDUCTION for hospital insurance	MAXIMUM YEARLY DEDUCTION for hospital insurance
1982	\$32,400	1.30%	\$421.20
1983	\$35,700	1.30%	\$464.10

Wages subject to taxation will increase automatically as the general level of wages rises across the country.



HOW DO I
QUALIFY
?

PROTECTION STARTS AUTOMATICALLY --

IF -- you are receiving benefit checks from Social Security or railroad retirement at 65, or after you have been entitled to Social Security disability checks for 2 years.



YOU'LL GET INFORMATION BY MAIL A FEW MONTHS BEFORE YOUR 65th BIRTHDAY OR BEFORE THE 2 YEARS ARE UP, IF YOU ARE DISABLED.

BUT -- IF you are not receiving Social Security or railroad retirement payments at 65, if you plan to continue working past 65, or if you are eligible for Medicare on the basis of federal employment -- **THEN** -- you should apply at your local Social Security office or Railroad Retirement Board, two or three months before your 65th birthday. Disabled people under 65 who get railroad disability annuities, disabled people who may be eligible for Medicare because of federal employment, and people who need dialysis or a transplant for chronic kidney disease should also get in touch with a Social Security office for information about Medicare.

NOTE: Employers with 20 or more employees are now required to offer the same health-care benefits to all employees through age 69. Employees age 65 through 69 can accept or reject the employer's health plan. If they accept it, Medicare becomes their secondary health insurance payor.

B. VOLUNTARY MEDICAL INSURANCE



-- helps pay the bills for **COVERED** services of physicians and surgeons, as well as other items not covered by the basic hospital insurance.

NOTE: if you already have private hospital or medical insurance, **DON'T CANCEL** it until you've talked with someone who understands insurance and your financial situation.

What it **COVERS** and **PAYS**



-- this insurance pays **80%** of the approved* charge, as determined by Medicare for the following services each year -- except for the first **\$75** (1983 amount).

PHYSICIANS' and SURGEONS' SERVICES



Whether services are received at home, in a hospital, or elsewhere. Also some limited services of chiropractors are covered.

HOME HEALTH SERVICES



-- unlimited medically necessary visits under an approved plan. Insurance pays approved cost of covered services with no deductible. (Certain conditions must be met for you to qualify -- check with home health agency.)

OUTPATIENT HOSPITAL SERVICES



including x-rays and tests, your physicians' and hospital staff physicians' services, medical supplies and services.

OTHER MEDICAL and HEALTH SERVICES



including tests, surgical dressings, rental and purchase of medical equipment, certain colostomy care supplies, outpatient maintenance dialysis treatments, outpatient physical therapy and speech pathology services, etc.

(For details ask for a copy of "Your Medicare Handbook" at any Social Security office.)

* Your physician's bill may be higher than the "approved charges" set by Medicare. See "Your Medicare Handbook" or the organization that handles Medicare claims in your area, for explanation of the difference.

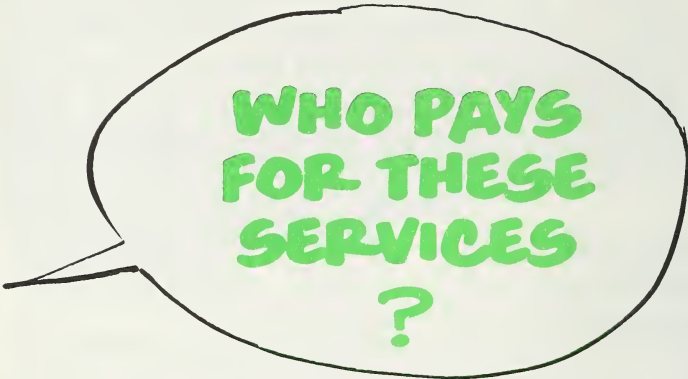


IF YOU WANT VOLUNTARY MEDICAL INSURANCE (PART B) --

it costs you **\$12.20** per month (through 12/31/83)



B. VOLUNTARY MEDICAL INSURANCE (cont.)



WHO PAYS
FOR THESE
SERVICES
?

IF YOU TAKE IT
AT YOUR FIRST OPPORTUNITY--


You pay \$12.20* per month and the Federal Government pays even more out of general funds. The money is put into a special "Supplementary Medical Insurance Trust Fund."

Your \$12.20* per month will be DEDUCTED from your Social Security monthly check (or from your railroad retirement or civil service retirement check).



The **\$12.20*** deduction starts the month your coverage starts. If you do not receive monthly checks from any of the above sources, you make your monthly payment directly to Medicare.

*through 12/31/83




A simple line drawing of a person's head and shoulders in profile, facing right. They are holding a card or envelope with both hands. On the card, the words "NO THANKS" are written in capital letters. The person is wearing a shirt with the number "3" on it.

HOW AND WHEN DO I ENROLL?

If you are receiving Social Security benefits or retirement benefits under the railroad retirement system, you will be automatically covered by medical insurance

-- **UNLESS YOU SAY YOU DON'T WANT IT**


-- at the same time you'll become entitled to hospital insurance.



A simple line drawing of an envelope, shown from a slightly elevated angle. It has a triangular flap and a small rectangular stamp area in the upper right corner.

YOU WILL GET INFORMATION IN THE MAIL A FEW MONTHS BEFORE YOU BECOME ENTITLED TO HOSPITAL INSURANCE -- WITH AN OPPORTUNITY TO DECLINE MEDICAL INSURANCE.

Everyone else who is eligible for medical insurance must apply for it at a Social Security or railroad retirement office.



A simple line drawing of a person's head and shoulders in profile, facing left. They have a speech bubble coming from their mouth. Inside the speech bubble, the words "I'll take it." are written in a casual, handwritten style.

I'll take it.



A simple line drawing of a hand with the index finger pointing to the right.

IF YOU DO NOT ENROLL AT YOUR FIRST OPPORTUNITY --

you can sign up during a general enrollment period -- January 1 through March 31 each year. Protection begins the following July, and your monthly premium will be 10% higher than the basic premium* for each 12-month period you could have had medical insurance but were not enrolled.

* \$12.20 a month (through 12/31/83).



SOME QUESTIONS AND ANSWERS

What is included
in "HOSPITAL
BENEFITS"?

Except for the \$304* deductible and daily co-insurance amounts, insurance covers cost of room and board in semi-private room (2 to 4 beds), ordinary nursing services (not private duty), services of hospital technicians; and cost of drugs, supplies and most other items of service usually provided by the hospital for care of patients.

What if I haven't worked
long enough under Social
Security, the railroad
retirement system, or
in federal employment to
be eligible for hospital
insurance?

When you reach 65 you can buy this protection on a voluntary basis. Premium is \$113 per month (through 12/31/83). People who choose to buy hospital insurance must also enroll for medical insurance.

Do all
"Nursing Homes"
qualify under
this program?

No! Just skilled nursing facilities approved for Medicare which furnish professionally supervised medical services such as round-the-clock nursing service with a full-time registered nurse and a physician available for emergencies.

What does
"BENEFIT PERIOD" mean
for Hospital and Skilled
Nursing Facility Benefits
?

It begins the first day you receive covered inpatient services in a hospital and ends after you have been out of a hospital or SKILLED nursing facility for 60 consecutive days.

What kind of
"HOME CARE"
is covered?

Includes part-time skilled nursing care, speech and physical therapy, etc., under plan worked out and periodically reviewed by a physician to meet patient's needs. If you need any of these services, Medicare may then cover occupational therapy, part-time home health aides, medical supplies and equipment, and medical social services.

They include practically all the services received in the Outpatient Department of a hospital, such as lab tests, x-rays, etc. You would not stay over-night at the hospital.

What are
"OUTPATIENT HOSPITAL
SERVICES"
?

You can sign up during a general enrollment period. However, the longer you wait the higher the premium will probably be.

What if I don't
sign up now for
MEDICAL
INSURANCE --
may I later?

Yes. You can choose your own physician. And Medicare helps pay for covered care in any hospital participating in the program.

Can you still
choose your physician
and hospital?

No, not for either program.

Are any physical
exams needed to be
eligible?

In this case, you may be able to get help from your state medical assistance program (Medicaid).

Suppose I can't
pay my part of
medical expenses
?

OTHER QUESTIONS ?

Call or visit your nearest Social Security office -- listed in the phone book under "Social Security Administration," Or ask at your local post office for the address.

IMPORTANT

SERVICES NOT COVERED BY EITHER PLAN

1 CUSTODIAL CARE

- for personal needs
- doesn't require professional skills or training



2 Routine PHYSICAL CHECKUPS, HEARING EXAMS, DENTAL CARE



3 EYEGLASSES and EYE EXAMS for prescribing, fitting or changing eyeglasses.



4 HEARING AIDS



5 DENTURES



6 ORTHOPEDIC SHOES,

unless they're part of leg braces and included in the orthopedist's charge.



7 PRIVATE DUTY NURSES



8 PERSONAL SERVICES in your hospital or skilled nursing facility room (telephone, TV, etc.)

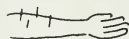
9 NONREPLACEMENT FEES CHARGED FOR THE FIRST 3 PINTS OF BLOOD

or packed red cells

- per benefit period (under hospital insurance)
- and per calendar year (under medical insurance)



10 ACUPUNCTURE



DRUGS



under HOSPITAL PLAN

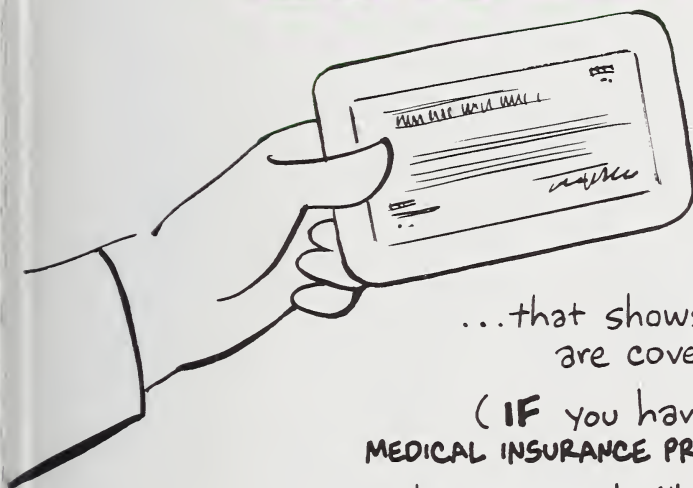
Drugs are covered if furnished to patient in hospital or skilled nursing facility.

under MEDICAL PLAN

Drugs that cannot be self-administered are covered if administered as part of a physician's professional services or as part of outpatient hospital services.

After you qualify for the hospital insurance program you will receive a

HEALTH INSURANCE CARD



...that shows you are covered.

(IF you have MEDICAL INSURANCE PROTECTION, the same card will show you have this protection.)

KEEP THIS CARD WITH YOU

and always show it to hospital, skilled nursing facility, home health agency, physician or other person providing services.

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